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United States Region

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RECEIVED
AUG 27 2004

Illinois Commerce Commission
RAIL SAFETY SECTION

Kevin Sharpe
Director of Processing and Information
Transportation Division
Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Il. 62701

8/11/04

Re:
Docket T00-0032
Installation of second track & CWT Circuitry
Kensington - Foundry Road
Mount Prospect
Cook County
Canadian National / Wisconsin Division
Grade crossing warning devices
CM 25.80 / 689 680 D

Dear Mr. Sharpe,

This project was completed in July of 2002 the second track has been installed with CWT circuitry and the existing signals relocated.

Attached are the updated AAR/DOT forms.

Sincerely,

Jack E. Palach
Engineer C&S

Cc: TRR
DHS
Roger Cobb - METRA funding

DOCKETED

U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Control No. 2130-0017

Expires: 3/31/2003

A. Initiating Agency <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	B. Crossing Number (max. 7 char.) 689 680 D	C. Reason for Update <input checked="" type="checkbox"/> Changes in Existing Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed Crossing or Abandoned	D. Effective Date (MM/DD/YYYY) 7-15-02
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Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or name) CN		2. State (2 char.) FL	3. County (max. 20 char.) COOK
4. Railroad Division or Region (max. 14 char.)		5. Railroad Subdivision or District (max. 14 char.) Waukegan	6. Branch or Line Name (max. 15 char.) CM LINE
7. RR Milepost (max. 7 char.) (nnnnn.nn) 25.80			
8. RR I.D. No. (max. 10 char.)	9. Nearest RR Timetable Station (max. 15 char.) (optional) SOUTH PROSPECT HEIGHTS	10. Parent RR (max. 4 char.) (if applicable)	11. Crossing Owner (RR or Company name) (if applicable)
12. City (max. 16 char.) (check one) <input type="checkbox"/> In <input checked="" type="checkbox"/> Near WHEELING		13. Street or Road Name (max. 17 char.) FOUNDRY RD	
14. Highway Type & No. (max. 7 char.)		15. ENS Sign Installed (1-800) <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Quiet Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> 24 hr <input type="checkbox"/> Partial <input type="checkbox"/> Unknown		17. Crossing Type (choose one only) <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Pedestrian	
18. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over		19. Type of Passenger Service <input type="checkbox"/> AMTRAK <input type="checkbox"/> AMTRAK & Other <input checked="" type="checkbox"/> Other <input type="checkbox"/> None	
20. Average Passenger Train Count Per Day		21. HSR Corridor ID (2 char.)	
22. County Map Ref. No. (max. 10 char.)		23. Latitude (max. 10 char., nn.nnnnnnn)	
24. Longitude (max. 11 char., nnn.nnnnnnn)		25. Lat/Long Source <input type="checkbox"/> Actual <input type="checkbox"/> Estimated	
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Provide Number _____ (7 characters)			

27. PRIVATE CROSSING INFORMATION			
27.A. Category (check one) <input type="checkbox"/> Recreational <input type="checkbox"/> Farm <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		27.B. Public Access <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify (max. 15 char.) _____ <input type="checkbox"/> Signals Specify (max. 15 char.) _____			
28.A. Railroad Use (max. 20 char.)		29.A. State Use (max. 20 char.)	
28.B. Railroad Use (max. 20 char.)		29.B. State Use (max. 20 char.)	
28.C. Railroad Use (max. 20 char.)		29.C. State Use (max. 20 char.)	
28.D. Railroad Use (max. 20 char.)		29.D. State Use (max. 20 char.)	
30. Narrative (max. 100 char.)			
31. Emergency Contact (Telephone No.)		32. Railroad Contact (Telephone No.)	
		33. State Contact (Telephone No.)	

MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

Part II: Railroad Information

1. Number of Daily Train Movements			
1.A. Total Trains _____	1.B. Total Switching Trains _____	1.C. Total Daylight Thru Trains (6 AM to 6 PM) _____	1.D. Check if Less Than One Movement Per Day <input type="checkbox"/>
2. Speed of Train at Crossing			
2.A. Maximum Time Table Speed (mph) 60			
2.B. Typical Speed Range Over Crossing (mph) from _____ to _____			
3. Type and Number of Tracks			
Main 2 Other _____ If Other, Specify (max. 10 char.) _____			
4. Does Another RR Operate a Separate Track at Crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR (max. 16 char.) _____		5. Does Another RR Operate Over Your Track at Crossing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Specify RR (max. 16 char.) METRA	

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U.S. DOT CROSSING INVENTORY FORM

B. Crossing Number (max. 7 char.) 689 680D		PAGE 2		D. Effective Date (MM/DD/YYYY) 7-15-02	
Part III: Traffic Control Device Information					
1. No Signs or Signals <input type="checkbox"/> Check if Correct		2. Type of Warning Device at Crossing - Signs (specify number of each)			
		2.A. Crossbucks: 2	2.B. Highway Stop Signs (R1-1)	2.C. RR Advance Warning Signs (W10-1) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2.D. Hump Crossing Sign (W10-5) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2.E. Pavement Markings <input type="checkbox"/> Stoplines <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.F. Other Signs: (specify MUTCD type) Number _____ Specify Type (max. 10 char.) _____ Number _____ Specify Type (max. 10 char.) _____			
3. Type of Warning Device at Crossing - Train Activated Devices (specify number of each)					
3.A. Gates 2	3.B. Four-quadrant (or full barrier) Gates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.C. Cantilevered (or Bridged) Flashing Lights: Over Traffic Lane (number) _____ Not Over Traffic Lane (number) _____		3.D. Mast Mounted Flashing Lights (number) 2	3.E. Number of Flashing Light Pairs 4
3.F. Other Flashing Lights: Number _____ Specify Type (max. 9 char.) _____		3.G. Highway Traffic Signals (number)		3.H. Wigwags (number)	3.I. Bells (number) 1
3.K. Other Train Activated Warning Devices: (specify) (max. 9 char.) _____					
4. Specify Special Warning Device NOT Train Activated (max. 20 char.)			5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input type="checkbox"/> None		
6. Train Detection <input checked="" type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input type="checkbox"/> None		7. Signalling for Train Operation: Is Track Equipped with Train Signals? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input checked="" type="checkbox"/> Not Interconnected <input type="checkbox"/> N/A <input type="checkbox"/> Simultaneous Preemption <input type="checkbox"/> Advance Preemption	
9. Reserved For Future Use		10. Reserved For Future Use		11. Reserved For Future Use	
Part IV: Physical Characteristics					
1. Type of Development <input type="checkbox"/> Open Space <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional			2. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input checked="" type="checkbox"/> 60° - 90°		
3. Number of Traffic Lanes Crossing Railroad _____		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Is Highway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Crossing Surface (on main line) <input type="checkbox"/> 1. Timber <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Asphalt and Flange <input type="checkbox"/> 4. Concrete <input type="checkbox"/> 5. Concrete and Rubber <input type="checkbox"/> 6. Rubber <input type="checkbox"/> 7. Metal <input type="checkbox"/> 8. Unconsolidated <input type="checkbox"/> 9. Other (Specify) _____					
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Nearby Intersecting Highway? <input type="checkbox"/> Less than 75 feet <input type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> N/A		Is it Signalized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is Crossing Illuminated? (street lights within approx. 50 feet from nearest rail) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10. Is Commercial Power Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For Future Use	
Part V: Highway Information					
1. Highway System <input type="checkbox"/> Interstate <input type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input type="checkbox"/> Non Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Functional Classification of Road at Crossing _____	
4. Posted Highway Speed _____					
5. Annual Average Daily Traffic (AADT) Year _____ AADT _____		6. Estimate Percent Trucks _____		7. Average Number of School Buses Over Crossing per School Day _____	

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